11

13

17

21

23

1	and wages per month which you received.		
2	June	29, 2007 - last employed.	
3	Gros	5 Salary: cound \$3,685.38 at 5 Salary: cound \$ 2,789.51 art	
4	Net	Salary: cound \$ 2, 789. 51 art	
5	2. Have	you received, within the past twelve (12) months, any money from any of the	
6	following sou	urces:	
7	a.	Business, Profession or Yes No	
8		self employment?	
9	b.	Income from stocks, bonds, Yes No	
10		or royalties?	
11	c.	Rent payments? Yes No	
12	d.	Pensions, annuities, or Yes No	
13		life insurance payments?	
14	e.	Federal or State welfare payments, Yes No	
15		Social Security or other govern-	
16		ment source?	
17	If the answer	is "yes" to any of the above, describe each source of money and state the amount	
18	received from	n each.	
19	cl re	eceived Food Slarp Est Benefit Starting	
20	Joly 20	57 - NOV 2007. Houthly EBT about \$ 146.00 Q received \$ 15,050 in wage from Asian Amrican Pleasury privile and	
21	3. Are y	ou married? Yes No Labort \$7,200	4
22		Name: Benefit from Englander	torner
23	Spouse's Plac	ce of Employment:	14
24	_	nthly Salary, Wages or Income:	(200.07
25	Gross \$	Net \$	2007
26	4. a.	List amount you contribute to your spouse's support:\$	
27	b.	List the persons other than your spouse who are dependent upon you for support	
28		and indicate how much you contribute toward their support. (NOTE: For minor	

-2-

Form-Intake 3 (Rev. 4/05)

1	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)				
2	Not Applicable				
3					
4	5. Do you own or are you buying a home? Yes No				
5	Estimated Market Value: \$ Amount of Mortgage: \$				
6	6. Do you own an automobile? Yes No				
7	Make Not appliable Model				
8	Is it financed? Yes No If so, Total due: \$				
9	Monthly Payment: \$				
10	7. Do you have a bank account? Yes No (Do <u>not</u> include account numbers.)				
11	Name(s) and address(es) of bank: Owion Bank of California, 400 California St. San Francisco, CA.				
12	900 California St. San Francisco, CA.				
13	Present balance(s): \$				
14	Do you own any cash? Yes No Amount: \$				
15	Do you have any other assets? (If "yes," provide a description of each asset and its estimated				
16	market value.) Yes No				
17					
18					
19	Rent: \$ Around \$ 820.00 Utilities: None, Included in But				
20	Food: \$ 200 Clothing: \$30				
21	Charge Accounts:				
22	Name of Account Monthly Payment Total Owed on This Account				
23	Not Applicables				
24	\$\$				
25	\$\$				
26	9. Do you have any other debts? (List current obligations, indicating amounts and to whom				
27	they are payable. Do <u>not</u> include account numbers.)				
28	lan which is currently in Econonic Hardship				
	Determent - awel about				
	Form-Intake 3 (Rev. 4/05) -3-				

1					
2	10. Does the complaint which you are seeking to file raise claims that have been presented in				
3	other lawsuits? Yes No \checkmark				
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in				
5	which they were filed.				
6					
7					
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a				
9	false statement herein may result in the dismissal of my claims.				
10	o lo to De Co				
11	2-1-08 None Locio Vary MFT				
12	DATE SIGNATURE OF APPLICANT				
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
	Form-Intake 3 (Rev. 4/05) - 4 -				

SOCAL AUTHORIZATION CENTER U061781 92423-9007 PO BOX 19087 SAN BERNARDING CA

STATE OF CALIFORNIA BILL LOCKYER, TREASURER

PAY TO THE ORDER OF:

09-02-07 A

VERIFY THE AUTHENTICITY OF THIS TRI-COLOR SECURITY DOCUMENT THIS IS A WATERMARKED PAPER, HOLD TO LIGHT TO VERIFY

EMPLOYMENT DEVELOPMENT DEPARTMENT VOID IF OVER \$900, OR IF NOT CASHED WITHIN 1 YEAR FROM DATE ISSUED

4048 DATE ISSUED -07

U24015852

PERIOD ENDING

827

\$516.00** **FIVE HUNDRED SIXTEEN DOLLARS************

UNEMPLOYMENT INSURANCE ACCOUNT

94142

ď

ROCIO EVANS PO BOX 424886 SAN FRANCISCO

#0827# #121113423# 240158529#

HOLD AT AN ANGLE TO VIEW THE BACK OF THIS DOCUMENT CONTAINS A SECURITY MARK.

Pecening